

DECLARATION OF ESTIMATED TROY INCOME TAX

FISCAL PERIOD

20

TO

20

- | | | | |
|--|----|---|----|
| 1. Estimated income subject to Troy Tax | \$ | 5. Credits | \$ |
| 2. Estimated Tax Due: 1.75% of Line 1 | | 6. Net tax due (Line 4 less Line 5) | |
| 3. Less: Troy Tax to be withheld and/or tax paid to another city | | 7. Amount paid (not less than 1/4 of line 6) | |
| 4. Balance of estimated Troy Tax | \$ | 8. Balance of Tax payable | \$ |
| | | (Payable in equal installments for each calendar quarter) | |

THE UNDERSIGNED DECLARES THAT THIS DECLARATION OF ESTIMATED INCOME IS A TRUE, CORRECT.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

SIGNATURE OF TAXPAYER

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE

DATE

TEAR ALONG PERFORATION

TAX DEPARTMENT COPY